



Kika Clearwater's Summer Camp 2014 Registration Form



Name of Parent/Legal Guardian: _____

Address: _____ Village: _____

Email address: _____

Work/Day Phone: _____

Emergency Phone: _____

Additional Phone Number: _____

If not available in an emergency please notify:

Name: _____

Relationship to child: _____

Work/Day Phone: _____

Emergency Phone: _____

Additional Phone Number: _____

- There are a limited number of spots available for this program. Spaces are NOT CONFIRMED until a completed registration packet has been submitted and an Arrival Form received by parent or guardian.

- Spots will be given on a first-come, first-serve basis to those who have completed and signed application packets.

- Submit Registration for Kika Clearwater's Summer Camp via email, fax or in person

• Guam Coastal Management Program
777 Rt. 4
Suite 5A
Phase II Complex
Sinajana, Guam 96910

- APPLICATION PACKETS ACCEPTED
ANY TIME BETWEEN 8 A.M. AND
4:30 P.M. Monday – Friday

INFORMATION ABOUT THE STUDENT PARTICIPATING

Student's Name: _____ Age: _____

Grade completed in Spring 2014: _____ DOB: _____

Sex: ___M___F Has this student attended any camps this summer? ___Y___N

If so, what camps have they participated in so far? _____

What session will this student participate in?

Students may only participate in ONE session. No exceptions.

☐ • Session 1 - July 22 - 25, Completed 2nd - 6th grade only

☐ • Session 2 - July 28 - 31, Completed 2nd - 6th grade only

☐ • Session 3 - August 4 - 7, Completed 2nd - 6th grade only

Parent/Guardian Signature: _____ Date: _____



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Health Waiver



I, _____, as parent or guardian of the minor _____, a participant in Bureau of Statistics and Plans Guam Coastal Management Program and Guam Environmental Protection Agency Summer camp program, hereby execute this Consent for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns as to the terms of the Consent. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the Government of Guam Bureau of Statistics and Plans, Guam Coastal Management Program and Guam Environmental Protection Agency, its employees and successors and assigns against any claims made or liabilities assessed against them as a results of (1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this Consent, and (2) any treatment of the minor by any Medical Provider as hereinafter defined.

I understand that the Bureau of Statistics and Plans Guam, Coastal Management Program and Guam Environmental Protection Agency will make all reasonable efforts to provide for the safety and well-being of my child. However, I also understand that injuries can occur in the normal course of play or creative activities with other children. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the program or any related activities. I authorize any such Medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I also understand that I am responsible for payment of any medical expenses, including the transportation charges, incurred by my child as a result of his or her participation in this summer camp program.

Do you carry family medical/hospital insurance? _____ Yes _____ No

If so, Carrier _____ Policy or Group Number: _____

Child's Name (Please Print last, first, MI) _____ Date of Birth (mm/dd/yyyy) _____

Name of Parent or Guardian & Contact Numbers _____

In case of an emergency and parents cannot be reached, please contact this individual:

_____ Relationship to child _____

Contact Number _____ Additional contact number: _____

Parent/Guardian Signature: _____ Date: _____



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Acknowledgement Form



I, _____, as parent or guardian of the minor
_____, a participant in the Bureau of Statistics and Plans, Guam
Coastal Management Program and Guam Environmental Protection Agency summer camp program,
understand the following:

- **Participants must bring the following EVERYDAY or they will not be allowed to stay for camp:**
 - **Sturdy, closed-toe shoes (tennis shoes preferable)**
 - **Water bottle**
 - **Sunblock**
 - **Bug Spray**
 - **Lunch**
 - **Snack**
 - **Towel**
 - **Backpack**
- Participants may be engaging in craft activities of projects that get their clothes dirty. If you are concerned about this, please send extra clothing with your child.
- One of the camp activities includes swimming. Please note the following information
- How strong of a swimmer is the camp participant mentioned above?
 - **Not a swimmer** (I do not feel comfortable with my child in the water) _____
 - **Weak swimmer** (My child must wear a flotation device and be near an adult at all times in the water) _____
 - **Medium swimmer** (My child can swim unassisted with a flotation device) _____
 - **Strong swimmer** (My child can swim unassisted and without a flotation device) _____
 - **Very strong swimmer** (My child is an swimmer and has passed _____ years of swimming lessons) _____
- The Kika Clearwater's Summer Camp program is meant to be a fun and educational experience for all children. Therefore if the staff of the camp has disciplinary problems with a child who may be hindering other campers' experience, the camp coordinator will contact the child's parents or guardian to determine what, if any action is necessary.
- Campers are to be dropped off at the Guam EPA Operations Building in Tiyan, at 8:30 a.m. and can be picked up at 2:30 p.m. every day of camp.
- On the last day of camp, there will be a short awards ceremony at 2:15 p.m. at Guam EPA's Main Conference Room for the campers. Parents are encouraged to attend.
- Parents that have concerns should address them to the camp coordinators,
Christine C. Fejeran at 475-9647/777-2500 or email christine.camacho@bsp.guam.gov or
Tammy Jo Anderson Taft at 300-4761/988-7582 or email tammyjoanderson.taft@epa.guam.gov.

I have read and hereby understand the expectations of the aforementioned child.

Parent/Guardian Signature: _____ Date: _____